

Self-Assessment Scale -- Youth Version

Name: _____ Today's Date: _____

BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR GENERAL FEELINGS ABOUT YOURSELF. IF YOU **STRONGLY AGREE**, CIRCLE **SA**. IF YOU **AGREE** WITH THE STATEMENT, CIRCLE **A**. IF YOU **DISAGREE**, CIRCLE **D**. IF YOU **STRONGLY DISAGREE**, CIRCLE **SD**.

		1.STRONGLY AGREE	2 AGREE	3. DISAGREE	4.STRONGLY DISAGREE
1.	I feel that I'm a person of worth, at least on an equal plane with others (at least as good as everybody else).	SA	A	D	SD
2.	I feel that I have a number of good qualities.	SA	A	D	SD
3.	All in all, I am inclined to feel that I am a failure	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of	SA	A	D	SD
6.	I take a positive attitude toward myself.	SA	A	D	SD
7.	On the whole, I am satisfied with myself.	SA	A	D	SD
8.	I wish I could have more respect for myself	SA	A	D	SD
9.	I certainly feel useless at times	SA	A	D	SD
10.	At times I think I am no good at all.	SA	A	D	SD
	Subtotals (sum of items by column)				
	Grand Total (sum of column subtotals)				

Self-Assessment Scale -- Parent/Caretaker Version

Name of Youth _____ Date Completed _____

Name of Parent/Caregiver _____ Relationship to Youth _____

BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR **TEENAGER'S** GENERAL FEELINGS ABOUT THEMSELVES. IF YOU **STRONGLY AGREE**, CIRCLE **SA**. IF YOU **AGREE** WITH THE STATEMENT, CIRCLE **A**. IF YOU **DISAGREE**, CIRCLE **D**. IF YOU **STRONGLY DISAGREE**, CIRCLE **SD**.

		1. STRONGLY AGREE	2 AGREE	3. DISAGREE	4. STRONGLY DISAGREE
1.	Your teen feels that he/she is a person of worth, at least on an equal plane with others (at least as good as everybody else).	SA	A	D	SD
2.	Your teen feels that he/she has a number of good qualities.	SA	A	D	SD
3.	All in all, Your teen would be inclined to feel that he/she is a failure.	SA	A	D	SD
4.	Your teen feels that he/she is able to do things as well as most other people.	SA	A	D	SD
5.	Your teen feels that he/she does not have much to be proud of.	SA	A	D	SD
6.	Your teen take a positive attitude toward him/herself	SA	A	D	SD
7.	On the whole, Your teen is satisfied with him/herself	SA	A	D	SD
8.	Your teen wishes he/she could have more respect for him/herself	SA	A	D	SD
9.	Your teen certainly feels useless at times.	SA	A	D	SD
10.	At times Your teen thinks he/she is no good at all.	SA	A	D	SD
	Subtotals (sum of items by column)				
	Grand Total (sum of column subtotals)				

Self-Assessment Scale -- Scoring Key

To score this scale-

1. Match the response from the Questionnaire to the response on the Scoring Key for each item.
2. Total each column into a subtotal. Than total the subtotals to a grand total.

Scores:

10-19 Evidence of probable Low Self-Esteem or negative Self-Concept

20-34 Self-Esteem or Self-Concept is probably in Average Range

35-40 Evidence of possible Grandiosity , Denial or High level of Defensiveness.

		1.STRONGLY AGREE	2 AGREE	3. DISAGREE	4.STRONGLY DISAGREE
1.	I feel that I'm a person of worth, at least on an equal plane with others (at least as good as everybody else).	SA 4	A 3	D 2	SD 1
2.	I feel that I have a number of good qualities.	SA 4	A 3	D 2	SD 1
3.	All in all, I am inclined to feel that I am a failure	SA 1	A 2	D 3	SD 4
4.	I am able to do things as well as most other people.	SA 4	A 3	D 2	SD 1
5.	I feel I do not have much to be proud of	SA 1	A 2	D 3	SD 4
6.	I take a positive attitude toward myself.	SA 4	A 3	D 2	SD 1
7.	On the whole, I am satisfied with myself.	SA 4	A 3	D 2	SD 1
8.	I wish I could have more respect for myself	SA 1	A 2	D 3	SD 4
9.	I certainly feel useless at times	SA 1	A 2	D 3	SD 4
10.	At times I think I am no good at all.	SA 1	A 2	D 3	SD 4

